



GEORGIA MEDICAID FEE-FOR-SERVICE NEUROPATHIC PAIN PA SUMMARY

Preferred	Non-Preferred
Oral	
Gabapentin generic	Gralise (gabapentin extended-release) Horizant (gabapentin extended-release)
Topical	
Lidocaine cream 3% generic Lidocaine gel/jelly 2% generic Lidocaine solution 4% generic ZTlido (lidocaine patch 1.8%)	Lidocaine ointment 5% generic Lidocaine patch 5% generic Lidoderm (lidocaine patch 5%)

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Over-the-counter topical lidocaine products are not covered.
- If lidocaine pad/patch generic is approved, the PA will be issued for brand Lidoderm.

PA CRITERIA:

Gralise

- ❖ Approvable for members 18 years of age or older with a diagnosis of postherpetic neuralgia (PHN) who have experienced ineffectiveness to immediate-release gabapentin (for a 30-day course or longer) and ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to tricyclic antidepressants (amitriptyline, desipramine, nortriptyline).

Horizant

- ❖ Approvable for members 18 years of age or older with a diagnosis of postherpetic neuralgia (PHN) who have experienced ineffectiveness to immediate-release gabapentin (for a 30-day course or longer) and ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to tricyclic antidepressants (amitriptyline, desipramine, nortriptyline).
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe restless legs syndrome (RLS) who have experienced ineffectiveness to immediate-release gabapentin (for a 30-day course or longer) and ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to pramipexole and ropinirole.

Lidocaine Ointment 5% Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred topical lidocaine products as well as over-the-counter topical lidocaine products are not appropriate for the member.



Lidocaine Patch Generic and Lidoderm

- ❖ For members with pain associated with post-herpetic neuralgia (PHN), for members with pain associated with cancer-related or cancer treatment-related neuropathy when used as an adjuvant analgesic or for members with pain associated with diabetic neuropathy who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with duloxetine (Cymbalta) and pregabalin (Lyrica), prescriber must submit a written letter of medical necessity stating the reasons the preferred product, ZTlido, is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.